

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

BARRY SIMON, MD, PA

FILED

97 JUL 16 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F26661

1. Corporation Name

BARRY SIMON, MD, PA

Principal Place of Business 2161 PALM BEACH LAKES BLVD, SUITE #100 W. PALM BCH, FL 33409	Mailing Address 2161 PALM BEACH LAKES BLVD, SUITE #100 W. PALM BCH, FL 33409
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2. Principal Place of Business 21 2161 PALM BEACH LAKES Suite, Apt. #, etc. 22 BLVD, SUITE #100 City & State 23 W. PALM BCH, FL Zip 24 33409	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 PALM BEACH Country 30
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3. Date Incorporated or Qualified 04-01-81	3a. Date of Last Report 01-96
4. FEI Number 59-2068054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BARRY SIMON 2161 PALM BEACH LAKES BLVD, SUITE #100 W. PALM BEACH, FL 33409	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE BARRY SIMON 2161 PALM BCH LAKES BLVD, #100 W. PALM BEACH, FL 33409	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000002245610--7 -07/23/97--01113--023 ***165.00 ***165.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7-21-97
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BARRY SIMON

PRESIDENT

07-09-97 561-478-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**KANTOR & SCHNEIDER**  
**CERTIFIED PUBLIC ACCOUNTANTS**  
**200 S. PINE ISLAND ROAD, #206**  
**PLANTATION, FL 33324**  
**(954) 474-8500 FAX 9954) 474-8856**

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July 9, 1997

Annual Reports Filings  
Division of Corporations  
P.O. Box 1500

Tallahassee, Florida 32302-1500

RE: Barry Simon, M.D., P.A.  
59-2068054

Dear Sir/Madam:

We enclose herewith, on behalf of our above-named client, the 1997 Annual Report together with a check for \$165.00. Please note that the enclosed is a replacement for the original Annual Report and check which was mailed during the month of January, 1997.

During the reconciliation of the corporate bank statement, it was noted that the original check mailed with the Annual Report had never cleared the bank and, we verified with your office that the Annual Report had not been received. We also enclose herewith, a printout of the check register for the month of January, 1997 showing the issuance of check #7020 to the Florida Department of State for \$165.00.

Inasmuch as the original had been timely mailed and the fact that the prior annual reports have always been mailed during the month of January, we were told that your office would accept the enclosed as a timely filed report.

Your assistance in this matter is appreciated.

Respectfully submitted,

  
PAUL F. SCHNEIDER  
For the Firm

cc: Barry Simon, M.D.